

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **40235**
5308

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Town Kansas City</u> c. LENGTH OF STAY (in this place) <u>37 YEARS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>2918 Flora</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alois</u> b. (Middle) _____ c. (Last) <u>Graham</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>17</u> (Year) <u>50</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>11-20-1882</u>		9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOEMAKER</u>	
11. BIRTHPLACE (State or foreign country) <u>AUSTRIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>JACOB GRUSHESKI</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE ?</u>	
14. NAME OF HUSBAND OR WIFE <u>STEPHANIE GRAHM</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-01-7428</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. STEPHANIE GRAHM</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2001</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Dec. 7</u> , 19 <u>50</u> , to <u>Dec. 17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 17</u> , 19 <u>50</u> , and that death occurred at <u>9:10 P.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>B. J. Burns, M.D.</u> (Degree or title)	
23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>12-18-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>12-20-50</u>		24b. DATE <u>12-20-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) <u>K.C., MO</u>		24e. LOCATION (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>MELLODY-M. GILLEY-ELYER</u>	
25. DATE REC'D BY LOCAL REG. <u>12-18-50</u>		25. REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. ADDRESS <u>K.C., MO</u>		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. P. Russell

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. *4063*

P. O. Address *K.C., Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.